

Digging In:

Experiences Engaging Managed Care

HEALTHY SCHOOLS
CAMPAIGN



Healthy Students, Promising Futures

Learning Collaborative

Digging In: Experiences Engaging Managed Care in Tennessee



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Medicaid Reimbursement in Schools

Task Force

- Monthly meetings including Tennessee Department of Education, Division of TennCare, school districts, and Medicaid Billing Vendors currently working with school districts.
- Goals:
 - increase number of school districts pursuing or obtaining Medicaid reimbursement.
 - streamline administrative process governing school-based Medicaid claiming.
 - develop and deploy procedural manual to Medicaid reimbursement to encourage all school districts across the state to seek reimbursement.

Billing Manual and Other Resources

- https://www.tn.gov/content/dam/tn/education/special-education/sped_School_Based_Services_Manual.pdf
- Partnership to provide Provider Registration Webinar.
- Medicaid Billing Vendors Contact Information.
- Technical Assistance Guide, Administrative Claiming Guide, Provider Registration for a Group Provider Memo, School District Provider Registration Frequently Asked Questions, Online Services Eligibility Verification Instructions

Issues Discovered

- We thought MCOs and schools were talking to each other; they were talking past each other.
 - School: “Can we have a PT contract?”
 - MCO: “No, thanks, we have enough PTs in our network.”
- Schools don’t know how to bill for medical services.
- Schools have never seen a provider agreement.
- School providers don’t have a medical license, therefore, cannot get a Medicaid number.
- MCOs reviewing IEPs for medical necessity before services start is cumbersome and not productive.

Billing Manual Objectives

- Clearly state what MCO and school based provider's responsibilities are regarding IEP services.
- Provide a common understanding of how to become a provider and bill for services.
- Introduce some common insurance terms and concepts such as claims, service codes, provider agreements, etc.
- Intended to let the school know what they are getting into and that they may need assistance from a consultant.

MCO Point of Contact

- Make sure the schools have an MCO contact that is familiar with what a school is asking for.
 - Can explain the process
 - Asks the right questions
 - Points them in the right direction

Questions?



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Experiences Engaging Managed Care

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South Carolina Medicaid Services in the Schools Served by Managed Care Organizations (MCOs)

- Rehabilitative Behavioral Health Services (RBHS) –
July 1, 2016
- Autism Services – May 4, 2017

Lessons Learned:

Begin Early, Communicate to School Districts

- Learn which services are being carved in
- Learn about the MCOs; Medicaid agency can help with training
- Will MCOs contract directly with school districts or with the state Education agency?

Lessons Learned: Helpful if Medicaid Agency Requires MCOs to Contract with School Districts

- School-based services are new to the MCOs
- School districts are not typically organized to contract with health care providers
- MCOs, in the past, have not reimbursed for school-based services

Lessons Learned:

Helpful to Have Joint Meetings Between MCOs, Medicaid Agency and Education

- Weekly meetings coordinated by neutral chair
- Recorded minutes and answers to questions fielded by the Medicaid agency and MCOs
- School districts participated by phone and at times in person

Lessons Learned:

Build Relationships with the MCO Key Staff

- Hold meetings with leadership staff of each MCO
- Learn about the MCO goals, objectives, philosophy and strategies for their business
- Establish lines of communication which allow for immediate problem solving and coordination

Lessons Learned:

Meetings with MCOs and Medicaid Agency Helped to Navigate Changes

- Initial meetings focused on which districts were RBHS providers; 31 school districts at time of carve-in and 12 currently
- All RBHS services carved in for contracted districts to include Individual Psychotherapy, Crisis Management, Group Psychotherapy, etc.
- Exemption exists to allow all districts to bill Medicaid for Diagnostic Assessment and Psychological Testing and Evaluation

Lessons Learned:

Meetings with MCOs and Medicaid Agency Helped to Navigate Changes

Each district must be credentialed by each of the MCOs

- Required paperwork must be completed
- School districts do not have to be credentialed by CARF (NCQA rule exception; must receive a visit by a state agency in the last year)
- Some MCOs made their own site visits

Lessons Learned:

Meetings with MCOs and Medicaid Agency Helped to Navigate Changes

Prior authorization required by the MCOs

- Prior to the carve-in, school districts were not required to seek prior authorization for outpatient services
- Standard forms developed by the Department of Education facilitate MCO approval, e.g., Diagnostic Assessment, 90-day Progress Report
- Each MCO has their own form for Psychological Testing and Evaluation

Lessons Learned:

Meetings with MCOs and Medicaid Agency Helped to Navigate Changes

Each district must be contracted with each MCO (five in South Carolina)

- Medicaid agency developed a boiler plate
- Department of Education attorney reviewed and recommended changes
- Each district pursued some or all contracts with the MCOs
- Contracts varied by MCO

Lessons Learned:

Meetings with MCOs and Medicaid Agency Helped to Navigate Changes

Billing must be submitted to five separate MCOs

- School districts must retool systems; previously only submitted to Medicaid agency
- Billing companies utilized by some districts slow to implement
- Billing must also follow Third Party Liability guidelines

Lessons Learned:

Meetings with MCOs and Medicaid Agency Helped to Navigate Changes

Training coordinated between MCOs, Medicaid Agency, Department of Education and Districts Important

- Provided a forum for information on the carve-in process
- Provided time for presentations by each MCO
- Allowed a meet-and-greet between the MCOS and school districts

Lessons Learned: Going Forward

- Start early
- Build relationships
- School districts take time to implement changes; health care is not their major focus
- MCO involvement takes continued investment of time and energy

Implementation Phase With The School Districts

- ❑ Conduct statewide surveys to determine who will participate in the program and their knowledge of billing and documenting services.
- ❑ Collaborate with the school district personal by setting up a committee to work on behalf of the school districts.
- ❑ **Next Steps:**
- ❑ Review the Medicaid service policies and billing requirements.
 - School district staff – Medicaid Coordinators – Billing / Finance staff
- ❑ Set up training and tutorials.
 - Billing Training –
 - Third Party Liability (TPL)
 - Medicaid Billing
 - Manage Care Organization Billing

Implementation Phase with the State Medicaid Agency

□ Collaborate with the State Medicaid Agency

- Review and develop Medicaid policies to determine best practice policies that can be rendered in a school based setting
- Develop fee schedules
- Determine the staff provider of services' credentials
- Review state policies (State Provisos and State License and Labor policies) and the State's State Plan for policy criteria and credentials
- Development forms to document the services

Implementation Phase with the State Medicaid Agency

□ Next Steps:

- Set schedule meeting for the school district and the Medicaid agency to discuss the implementation process
- Determine which MCO's will be involved in the process
- Set up training and tutorials on billing, checking eligibility, TPL training specific to the school district process

Implementation Phase With The MCOs

- ❑ Collaborate with the Managed Care Organizations
 - Set up schedule meetings with the MCOs along with the Medicaid agency to discuss the criteria to be in an MCO provider
 - Set up a committee to work on behalf of the MCOs
 - Review and develop policies to determine best practice procedures that are acceptable with the Medicaid, school district and MCO policies and regulations that can be rendered in a school based setting

Implementation Phase With The MCOs

- Collaborate on a fee schedule
- Collaborate on the credentials for the provider of services
- Develop contracts with each MCO
 - Negotiate the policies for credentialing the school district, documentation process, eligibility for prior authorizing services, and billing for services
- Note: Each MCO must sign a contract with the Medicaid agency to follow the Medicaid policy and procedures

Lessons Learned to Maintain the Program

□ School District

- Conduct trainings for the school district staff on Medicaid and MCO policies.
- Conduct training on “How to Bill” for services
- Conduct monthly conference calls for the school districts to discuss issues.
 - Invite MCOs to discuss updates
 - Invite Billing Companies
 - Introduce new ways to provide services

Lessons Learned to Maintain the Program

□ MCO

➤ Recommend each MCO to provide the following:

- Contact person for billing, contracts and utilization reviews
- Recommend each MCO to provide ongoing training
- Recommend each MCO to provide information on their website to address the needs of the school districts

Lessons Learned to Maintain the Program

□ Medicaid Agency

- Set up meetings with the Medicaid agency, MCOs and the school district to meet and ask questions before the final commencement of the program.
- Provide trail runs of the program with the Medicaid agency and the MCOs.

- Recommend scheduled meetings to discuss the following:
 - State agency policy and procedures updates
 - MCO policy and procedures updates
 - School district concerns and issues

- Recommend a annual review to discuss the progress of the program and review lessons learned.